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CONFIRMATION NO. 1785

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/839,695	<b>FILING OR 371(c) DATE</b> 04/19/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 3908P2538	
<b>APPLICANTS</b> Naomi Balaban, Davis, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/054,331 04/02/1998 PAT 6,291,431 which claims benefit of 60/068,094 12/19/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/27/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allotance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23552					
<b>TITLE</b> METHODS AND COMPOSITIONS FOR THE TREATMENT AND PREVENTION OF STAPHYLOCOCCUS AUREUS INFECTIONS					
<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		